

## ALTERNATIVE WORK SCHEDULE REQUEST

I hereby request to work the following alternative work schedule. I understand that, except for good cause as determined by my supervisor, I may not change this schedule for at least four (4) pay periods after the date I begin this schedule.

### CHOOSE ONLY ONE OF THE FOLLOWING

1. ( ) I request a Flexible Work Schedule.

My normal starting time will be \_\_\_\_\_ a.m.

2. ( ) I request a 5/4/9 Schedule. My preference for my scheduled day off is marked below with an "X"; my preference for my 8-hour day is marked below with an "8".

#### First Week

M T W T F  
( ) ( ) ( ) ( ) ( )

#### Second Week

M T W T F  
( ) ( ) ( ) ( ) ( )

My normal 9-hour tour will be from \_\_\_\_\_ a.m. until \_\_\_\_\_ p.m.

My normal 8-hour tour will be from \_\_\_\_\_ a.m. until \_\_\_\_\_ p.m.

3. ( ) I request a 4-10 Schedule. My preference for my scheduled days off are marked below with an "X". I understand that I may only choose one day off per week.

#### First Week

M T W T F  
( ) ( ) ( ) ( ) ( )

#### Second Week

M T W T F  
( ) ( ) ( ) ( ) ( )

My normal tour will be from \_\_\_\_\_ a.m. until \_\_\_\_\_ p.m.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### APPROVAL

The above request is hereby approved ( ) disapproved ( ).

(If disapproved, written explanation of the reasons must be provided to the employee)

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_